



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 2/8/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 5 Supartz injections; 1 per week for 5 weeks.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been in active practice for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 5 Supartz injections; 1 per week for 5 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Indemnity Co. and MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Indemnity Co.: MD Pre-authorization request – undated, Office Note – 11/17/09 & 12/15/09; Indemnity Denial letters – 12/11/09 & 1/15/10.

Records reviewed from MD: Office notes – 10/9/09-10/23/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured on xx/xx/xx Her left knee was felt to be applicable for a trial of viscosupplementation although the AP indicated that it was unlikely to be effective as the AP had felt that a hemi-arthroplasty of the medial femoral condyle and patella vs. "sandwich" grafting were most appropriate. The post-arthroscopy pictures were noted to show a large medial femoral condyle chondral defect. An additional diagnosis had included chondromalacia patella. Pain and tenderness were noted over the medial and parapatellar aspects of the knee. Viscosupplementation and an unloader brace were felt indicated by the AP.

The claimant was noted to be s/p 4 arthroscopic surgeries (partial meniscectomies and chondroplasties, OATs autograft, and then allograft. The last procedure was noted to have revealed a failure of the allograft, therapy and cortisone injections. An x-ray was noted to reveal chondral defect with bone loss. Supartz was felt reasonably required however a telephonic discussion wasn't established with the AP to discuss a brace so the entire precert request for brace plus viscosupplementation was denied. The appeal reviewer, on 1/14/10, indicated that Supartz wasn't reasonably required due to the described severity of pathology and/or surgery planned again by the AP.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The claimant is under years old and has limited and more invasive alternatives that involve yet another surgical procedure. The claimant has not been provided the potentially beneficial utilization of injectible viscosupplementation. The Supartz injectible is representative of this type of treatment and is minimally invasive and with a low risk of side effects and a reasonable potential for efficacy, even in a knee that has been symptomatic post multiple surgical procedures. In addition, the lack of ability to contact the AP (especially when the attempts were about bracing as opposed to injections) should not have a potentially detrimental effect on the patient's ability to utilize non-surgical options such as Supartz. The criterion for Supartz and all viscosupplementation) is for osteoarthritis (including post-traumatic which appears applicable in this case), especially in an individual that would be suboptimal for surgery. Suboptimal surgical candidates include those that are relatively young, active and/or that have a large body habitus. The preceding are factors that decrease the likelihood of surgical success, including post-grafting and/or arthroplasty. Therefore as per ODG guidelines, the Supartz is medically necessary at this time.

ODG Guidelines: Criteria for Hyaluronic acid or Hylan:

A series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic

and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications).

- Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement.
- Younger patients wanting to delay total knee replacement.
- Repeat series of injections: If relief for 6-9 months and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES

- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**